

EVALUATION OF PRIVILEGES - OBSTETRICS AND GYNECOLOGY		PERIOD		DATE		
For use of this form, see AR 40-68; the proponent agency is OTSG		FROM	TO			
RATED BY		PRIVILEGES PERFORMED BY		TREATMENT FACILITY		
TITLE						
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance. Check category (level) of performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Category I.						
a. Emergency care						
b. Normal antepartum and postpartum care						
c. Normal labor and delivery						
d. Maternal-fetal monitoring						
e. Episiotomy and repair of second degree laceration						
f. Local infiltration anesthesia						
g. Pudendal block anesthesia						
h. Use of oxytocic drugs after completion of third stage						
i. Sigmoidoscopy						
Category II.						
a. Cervical dilation and curettage (Including vacuum)						
b. Biopsy of cervix, endometrium, or vulva						
c. Abdominal salpingo-oophorectomy, ovarian cystectomy						
d. Abdominal tubal interruption						
e. Incidental appendectomy						
f. Amniocentesis						
g. Repair of third and fourth degree lacerations						
h. Drainage/marsupialization of bartholin cyst						
i. Fetal scalp sampling						
j. Neonatal resuscitation						
k. Neonatal resuscitation						
l. Elective low forceps						
m. Manual removal of placenta and postpartum uterine exploration						
n. Circumcision of newborn						
Category III.						
a. Hysterosalpingography						
b. Hysteroscopy						
c. Laparoscopy, diagnostic and operative						
d. Ureteroscopy and cystoscopy						
e. Supraclavicular or other superficial node biopsy						
f. Abdominal hysterectomy						
g. Partial omentectomy						
h. Myomectomy and uterine plastic procedures						
i. Urethrovessical suspension						
j. Repair of cystocele and rectocele						

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	Category III (Continued).					
k.	Repair of injury to bladder					
l.	Vaginal hysterectomy					
m.	Vaginal tubal interruption					
n.	Cervical conization					
o.	Cervical cerclage					
p.	All vaginal deliveries					
q.	All Caeserean deliveries					
r.	Intrauterine radioactive source applications					
s.	Venous catheter insertion					
t.	Paracervical anesthesia					
u.	Tubal reconstructive procedures not using microsurgery					
	Category IV.					
a.	Extirpative and reconstructive gynecologic surgery, including radical hysterectomy, vulvectomy, L lymph-adenectomy, and exenteration					
b.	Surgical repair of injury to bowel, ureter, and pelvic vessels					
c.	Bowel resection and bypass					
d.	Bowel-urinary conduits					
e.	Tubal reconstructive procedures using microsurgery					
f.	Urodynamic examination					
g.	Colposcopy					
h.	Obstetric ultrasound imaging					
i.	Intra-amniotic operative procedures					
j.	Surgical application of lasers					
k.	Placement of intra-arterial catheter					
l.	Regional anesthesia					
Category I, II, III, IV (Identify Category)						
ADDITIONAL PRIVILEGES (Specify)						

COMMENTS (Borderline and unacceptable ratings will be addressed.)

SUPERVISOR'S SIGNATURE	DATE
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